

## **CVA ROOM SET UP FORM**

Date of Request: \_\_\_\_\_

Name	Organization
Phone	Project charge code
Point of Contact	Phone(present during use of CVA)
Date/dates requested	Time: Start Stop
Eating in the CVA Room is not permitte	d. Drinking will only be permitted in approve
SIGNATURE:	
Requirements:	<u>Miscellaneous</u>
1. VCR Tapes	1. Whiteboards and markers_
2. CD's	2. Flip charts and markers
3. DVD'S	3. Pencils and paper etc
4. Lab camera hookup	4. Dry Run
5. Tele-conference equipment	
6. LAN connectivity	
7. Lap top computer presentation	 a all lantons using the Intranet/Internet Cable)
(Anti-virus software MUST be loaded or	- wwp-to-po wo 5